CLAIMS AS FILED - PART I (Column 1) (Column 2) TOTAL CLAIMS S	SMALL E				
TOTAL CLAIMS 15	TV0- ~	NTITY		OTHE	R THAN
FOR NUMBER SHED AND AND ASSESSED.	TYPE [OR	SMALL	ENTITY
	RATE BASIC FEE	FEE		RATE	FEE
TOTAL CHARGEABLE CLAIMS 15 minus 20= 0	 	355.00	OR	BASIC FEE	710.00
NDEPENDENT CLAIMS 3 minus 3 = 0	X\$ 9=		OR	X\$18=	
MULTIPLE DEPENDENT CLAIM PRESENT	X40=		OR	X80=	
	+135=		OR	+270=	
If the difference in column 1 is less than zero, enter "0" in column 2	TOTAL		OR	TOTAL	71000
CLAIMS AS AMENDED - PART II	*****		•	OTHER	THAN
(Column 1) (Column 2) (Column 3)	SMALL E		OR	SMALL	ENTITY
REMAINING NUMBER PRESENT PREVIOUSLY EXTRA	RATE	ADDI- TIONAL		RATE	ADDI-
AMENDMENT PAID FOR		FEE		DATE	TIONAL FEE
REMAINING AFTER AMENDMENT Total Independent AFTER AMENDMENT Minus Independent AFTER AMENDMENT Minus Independent AFTER AMENDMENT Minus Independent AFTER AMENDMENT Minus Independent AFTER AMENDMENT AFTER AMENDMENT AFTER AMENDMENT AFTER AMENDMENT A	X\$ 9=		OR	X\$18-	
	X40=			X80=	- <u>-</u> = :
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	 		OF		
Thandt	+135≃		OR	+270=	
	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)			•		
CLAIMS HIGHEST PRESENT NUMBER PRESENT		ADDI-	Γ		ADDI-
AFTER PREVIOUSLY EXTRA AMENDMENT PAID FOR	RATE 1	FEE .	,	RATE	TIONAL
REMAINING AFTER AFTER AMENDMENT Total Independent REMAINING NUMBER PRESENT EXTRA PAID FOR Independent Minus PRESENT EXTRA PAID FOR Independent Independent PRESENT EXTRA Independent Indep	X3 9=	7	ŀ	700	FEE
Independent 3 Minus ••• 3			OB	X\$18=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	X40=		AC.	X80=	
	+135=		DR	+270=	<i>.</i>
•	TOTAL ADDIT, FEE		DR .	TOTAL	$\overline{}$
(Column 1) (Column 2) (Column 3)	OUII. PEE	·	A.	ODIT. FEE L	\
CLAIMS HIGHEST		AODI-	r		<u> </u>
AFTER PREVIOUSLY EXTRA	RATE T	ONAL		RATE	ADDI- TIONAL
AMENDMENT PAID FOR		FEE	·		FEE
Total le latinus	X\$ 9=	o	я	X\$18=	
Total • Minus »• =	X40≃		R	X80=	
Independent • Minus ••• =	7403		"` -		
Independent • Minus ••• =			ı	=	-
Independent • Minus ••• =	+135=	0	R	+270=	
Independent • Minus ••• = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM If the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the Tighed Number Products Paid For By This SPACE is less than 20 entry "10"	+135= TOTAL DDIT. FEE	<u></u> 。	n L R	TOTAL DIT. FEE	

FORM PTO-875 (Rev. 8/00) BEST AVAILABLE COPY

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"U.S. GPO: 2000-460-78630183

Application or Docket Number